



KENTUCKY BOARD OF SOCIAL WORK

44 Fountain Place, Frankfort, Kentucky 40601 ~ (502) 564-2350 ~ <http://finance.ky.gov/bsw>

CONTINUING EDUCATION APPROVAL FORM

APPLICATION INSTRUCTIONS

1. This application is to be used with Microsoft Word.
2. Press the TAB key to skip to the next field.
3. Once you have completed the application, you must print the form, and apply your handwritten signature. Applications submitted without the appropriate signatures will be returned.
4. **Please note all fields must be completed as requested. Forms not submitted properly will not be reviewed. Attachments are not maintained on file; therefore the CEU approval form must be completed and submitted in it's entirety.**
5. The completed application may be submitted to the Kentucky Board of Social Work by mail to 44 Fountain Place, Frankfort, Kentucky 40601.

KENTUCKY BOARD OF SOCIAL WORK

44 FOUNTAIN PLACE

FRANKFORT, KY 40601

CONTINUING EDUCATION APPROVAL FORM

1. Provider (check one :) Organization ☐ Individual ☐

2. Name:

Email Address (Required):

Address:

Street

City

State

Zip Code

Phone:

3. Title of Course:

Is this course to be considered for the three (3) hour ethics requirement? ☐ Yes ☐ No

Courses to be considered for the ethics renewal requirement may not be done in person by a live presenter.

Per 201 KAR 23:075 Continuing Education

(4) Three (3) continuing education hours during each renewal period shall be acquired in the area of the social work code of ethics as codified in 201 KAR 23:080.

Pursuant to 201 KAR 23:075 Section 5 (a) a sponsor must apply to the board at least sixty (60) days in advance of the commencement of the program, and shall provide the information required in Section 4 of this administrative regulation. Courses not meeting this criteria and applications not submitted complete will be returned.

Date(s) of Presentation:

of CEU Contact Hours:

NOTE: 50 minutes equals one (1) continuing education hour, do not include breaks, lunch etc

4. Type of Offering: (Academic, workshop, institute, conference, in-service, seminar, lecture, home study, etc.)

5. Facility: (classroom, equipment, learning resources, library, etc.)

6. Instructors (attach verification of instructor qualifications, including educational background)

Name:

Title:

Brief Description of Course: _____

Objectives of Course: _____

Teaching Method(s): _____

Content Outline: _____

Method of
Evaluations: _____

Name of person submitting
application: _____

Signature Date

Address City State Zip Code